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|  | | 625 S Pear Orchard Ridgeland, MS 39157  Phone: 769-233-8484 Fax: 769-233-8051 | | Migraine  Enrollment Form | | |
| **Patient Information** | | | **Prescriber Information** | | | |
| Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Prescriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Gender: 🞎 Male 🞎 Female Last 4 of SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Insurance Information** (Please fax a copy of patient’s card including front and back) | | | | | | |
| **Medical Information** (Please attach clinical notes) | | | | | | |
| 🞎 G43 Migraine 🞎 \_\_\_\_\_ Migraine | | | Weight: \_\_\_\_\_\_\_\_ lb Height:\_\_\_\_\_\_\_ in | | | |
| 🞎 Other ICD-10 code\_\_\_\_\_\_\_\_\_ Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Prescription Information** | | |  | | | |
| **Medication** | **Dose/ Strength** | | **Directions** | | **Other** | **Repeat** |
| 🞎 Benadryl® | 50mg/ml vial | | 🞎 25mg IV OTO  🞏 50mg IV OTO | |  |  |
| 🞎 Caffeine  Na Benzoate | 500mg/ 2ml vial | | 🞏 500mg IV OTO | |  |  |
| 🞎 Compazine® | 10mg/ml 2ml vial | | 🞎 10mg IV OTO | |  |  |
| 🞎 Decadron® | 4mg/ml vial | | 🞎 4mg IV OTO  🞎 8mg IV OTO  🞎 12mg IV OTO | |  |  |
| 🞎 Depacon® | 500mg/ml 5ml vial | | 🞎 500mg IV OTO  🞏 1000mg IV OTO | |  |  |
| 🞎 DHE 45® | 1mg/ml vial | | 🞎 0.5mg IV OTO  🞎 1mg IV OTO | |  |  |
| 🞎 Magnesium Sulfate | 0.5gm/ml 10ml vial | | 🞎 500mg IV OTO  🞎 1000mg IV OTO | |  |  |
| 🞎 Reglan® | 5mg/ml 2ml vial | | 🞎 10mg IV OTO | |  |  |
| 🞎 Robaxin® | 100mg/ml 10ml vial | | 🞎 500mg IV OTO  🞎 750mg IV OTO | |  |  |
| 🞎 Solu-Medrol® | 125mg/ml vial | | 🞎 125mg IV OTO | |  |  |
| 🞎 Toradol® | 30mg/ml vial | | 🞏 30mg IV OTO | |  |  |
| 🞏 NS 0.9% |  | | 🞏 250ml IV OTO  🞏 500ml IV OTO  🞏 1000ml IV OTO | |  |  |
| 🞎 Other |  | |  | |  |  |
| Saline flush | 0.9% 10ml | | Flush line per SAS | |  |  |
| Prescriber’s Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Product Substitution Permitted Date Dispense as Written Date | | | | | | |